FORM D

PROCESSED

APR 0 9 2007

THOMSON

THOMSON

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	DVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours per respons	e16.00

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Name of Offering (check if this is an amendment EncryptaKey, Inc.	ent and name has changed, and indicate change)	
	e 504 Rule 505 Rule 506 Section 4(6	ULOE RECEIVED
-	A. BASIC IDENTIFICATION DATA	2007
1. Enter the information requested about the issue	r	APR U Z ZUU
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	490
EncryptaKey, Inc.	•	199
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10805 Holder Street, Suite 210	Cypress, CA 90630	714-821-8093
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		<u> </u>
We are engaged in the research and develop	ment of smart card technology related to the b	piometric security industry.
	d partnership, already formed other (pleasé specify):
Actual or Estimated Date of Incorporation or Organization: (Ente		mated 07049392

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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1 of 9

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A BASICIDENTIFICATION DATA	·	And the same of th
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five years; 		
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% 		• •
 Each executive officer and director of corporate issuers and of corporate general and managing page. 	artners of partne	ership issuers; and
Each general and managing partner of partnership issuers		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director [General and/or Managing Partner
Full Name (Last name first, if individual) Kelly Owen		
		
Business or Residence Address (Number and Street, City, State, Zip Code) 10805 Holder Street, Suite 210 Cypress, CA 90630		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		<u> </u>
Business or Residence Address (Number and Street, City. State, Zip Code)		
<u> </u>		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		**************************************
Check Box(es) that Apply. Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply. Promoter Beneficial Owner Executive Officer Di	Pirector [General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				g p.	BIII	FORMAT	ION/ABOU	T OFFERI	NG:		ente Si osi		1 175
1 1	las the	issuer sold	, or does the	e issner ir	ntend to se	l to non-a	ccredited i	nvestors in	this offer	ino?		Yes	No x i
	ius ine i	33401 3010	, or does at		wer also in					-	***************************************	L	<u> </u>
2. V	Vhat is	the minim	um investm									\$ ¹⁰ ,	00.000
												Yes	No
			permit joint										
c	ommiss	ion or simi	ion requesto llar remuner	ation for s	olicitation	of purchase	ers in conne	ction with	sales of se	curities in t	he offering.		
			ted is an asso me of the br										
			you may se		informati	on for that	broker or o	dealer only	<i>'</i> .		··· · · · · · · · · · · · · · · · · ·		
Full N	łame (L	ast name t	first, if indiv	vidual)									
Busin	ess or R	csidence .	Address (Ni	ımber and	l Street, Ci	ty, State, Z	Cip Code)	-					
Name	of Asso	ociated Br	oker or Dea	ler									
States	in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit 1	Purchasers						
			" or check i					-				□ VI	l States
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	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	<u>WY</u>	PR
Full N	lame (L	ast name f	first, if indiv	vidual)									
Busin	ess or	Residence	Address (N	umber an	d Street, C	ity, State, 2	Lip Code)		<u> </u>				
Name	of Asso	ociated Br	oker or Dea	ler	- · · · · · · ·								
States	in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers	,					
(6	Check "	All States	" or check i	ndividual	States)			••••		,		☐ All	l States
	ΛĽ.	AK	AZ	AR	CA	CO	CT	DE	DC	FL	\overline{GA}	HI	[D]
	IL.	<u>IN</u>	· IA	KS	KY	LA	ME	MD	MA	ML	MN	MS	MO
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			irst, if indiv										
1.011.1	ane (L	usi name i	nst, ii more										
Busin	ess or l	Residence	Address (N	umber an	d Street, C	ity, State, 2	Zip Code)						· -
Name	of Asso	ociated Bro	oker or Dea	ler		-		•					
States	in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
((Check "	All States	" or check i	ndividual	States)				***************************************			☐ All	States
[2	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	[GA]	H	[ID]
	IL (m)	IN		K\$	KY	LA	ME	MD	MA	MI	MN	MS)	MO
	AT] RI]	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt\$		_ s
	Equity\$	<u>.</u>	\$ 2,070,185.70
	Common Preferred		
	Convertible Securities (including warrants)\$		_ s
	Partnership Interests\$		_ s
	Other (Specify)\$		_ \$
	Total	0.00	\$ 2,070,185.70
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_2,070,185.70
	Non-accredited Investors	<u>) </u>	\$_0.00
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505		<u> </u>
	Regulation A		\$
	Rule 504		S
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] <u>\$ 1,000.00</u>
	Printing and Engraving Costs] \$
	Legal Fees		\$ 15,000.00
	Accounting Fees	<u> </u>	\$ 5,000.00
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)	_] \$
	Other Expenses (identify)	_] \$
	Total		\$ 21,000.00
			_

CONFERING PRICE, NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

	 Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer." 	Question 4.a. This difference is the "adjusted gross		\$21,000.00
	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an echeck the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	by purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	
	Purchase of real estate]\$	
	Purchase, rental or leasing and installation of mac	chinery]\$. 🗆 \$
		ilities	-	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)] \$. 🗆 \$
	Repayment of indebtedness] \$	\$
	Working capital] \$	
] \$. 🗆 \$
]\$. []\$
	Column Totals] \$ <u>_0.00</u>	\$_0.00
	Total Payments Listed (column totals added)		□ \$ <u>·0.</u>	00
ĭ		DEFEDERAL SIGNATURE	ALI THE	
na	nture constitutes an undertaking by the issuer to fur	undersigned duly authorized person. If this notice rnish to the U.S. Securities and Exchange Commiss redited investor pursuant to paragraph (b)(2) of R	ion, upon writte	tle 505, the follow on request of its st
	er (Print or Type)	Signature	atc	
	ryptaKey, Inc.			
m	e of Signer (Print or Type)	Title of Signer (Print or Type)	,	
lv	Owen	President, Chief Executive Officer, and Directo	r	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.		R 230.262 presently subject to any of the disqualification	Yes	No
	•	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby to D (17 CFR 239.500) at such tie	indertakes to furnish to any state administrator of any state in which this notice mes as required by state law.	is filed a ne	otice on Form
3.	The undersigned issuer hereby issuer to offerees.	undertakes to furnish to the state administrators, upon written request, infor	mation fur	nished by the
4.	limited Offering Exemption (U	nts that the issuer is familiar with the conditions that must be satisfied to be LOE) of the state in which this notice is filed and understands that the issuer on of establishing that these conditions have been satisfied.		
	suer has read this notification and k uthorized person.	nows the contents to be true and has duly caused this notice to be signed on its b	ehalf by the	undersigned
Issucr	(Print or Type)	Signature Date		
Encryp	otaKey, Inc.	1/8///		
Name	(Print or Type)	Title (Print or Type)		
Kelly (Owen	President, Chief Executive Officer, and Director		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

	T I	企業		AP	PENDIX				
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)	٠	under Sta (if yes, explana	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	1								
AK									;
AZ									
AR									
CA					·		•		
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irwiy 11	(Ba-1 '(- ')')		Accidents.	APP	ENDIX				-24
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana	ution of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE				\ .					
NV			· · · · · · · · · · · · · · · · · · ·						
NH									
NJ		- Antido aporthaga ecano.							
NM	L	and the state of t							_,,,
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	於鐵盘			APP	ENDIX				
1	to non-a investor	2 to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		under St (if yes, explan waiver	lification ate ULOE attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR							: :		<u> </u>

FORM 4

Form 5 Obligations may continue. See Instruction 1(b) Check this box if no longer subject to Section 16. Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Estimated average burden hours per response ... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

OMB Number: 3235-0287 Expires: January 31, 2008

OMB APPROVAL

(Print or Type Response)		grandings 9.			over 10 200 of the missing company are of 1720 of over 10 170 of the missing and over 10 170 of the over 10		19 Act 01 1770			
1. Name and Address of Reporting Person*	2. Issuer Name	Name and Ticker or Trading Symbol	or Tradir	ng Symbol			6. Relationship of Reporting Person(s) to Issuer	orting Person(s) to I	ssuer	
Owen Kelly	EncryptaKey, Inc.	y, Inc.					X Director X Officer (give	applicatio)	X 10% Owner Other (specify	
(Last) (First) (Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity	ication Num Person, if ar	iber 1	4. Statement for Month/Day/Y	car	2/05/07	inter	title below)	below)	
(Street) Cypress CA 90630 (City) (State) (Zip)	(voluntary)			5. If Amendment, Date of Origina (Month/Day/Ye	If Amendment, Date of Original (Month/Day/Year)		President, Chief Executive Officer, Chief Financial Officer	live Ufficer, Chief P	Inancial Officer	
	Table I – Non-Deri Beneficially owned	-Derivativ	e Secui	rities Acquir	– Non-Derivative Securities Acquired, Disposed of or ially owned	ofor	7. Individual or Joint/Group (Check Applicable Line) X Form Filed by One Reporting Person Form filed by More than One Reporting Person	ividual or Joint/Group (Check Applicable Line) Form Filed by One Reporting Person Form filed by More than One Reporting Person	rable Line) n ting Person	.
1. Title of Security (Instr. 3)	2. Transaction action Date (Month)	3. Trans- action Code (Instr. 8)	(8	4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned at End of Month	6. Owner- ship Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership	T
	Day/ Year)	Code	>	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Indirect (1) (Instr. 4)	(Instr. 4)	
Common Stock	2/5/07	ī		636,120	, v	\$0.30	6,136,120			E T
										

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

11. Nature of Indirect Benefi- cial Owner-	Simp (Instr. 4)				
10. Owner ship Form of Derivative Security	(D) or indirect (1) (Instr. 4)				
9. Number of derivative stive Securities Beneficially Owned at End Of Month (Instr. 4)					
8. Price or Derivative Security (Instr. 5)					
7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares				
	Trile				
6. Date Exer- cisable and Expiration Date (Month/Day/ Year)	Expira- tion Date	i			
	Date Exer- cisable				
5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Đ)				
	ર્				
4. Trans- action Code (Instr. 8)	>				
	Code				
3. Trans- action Date (Month/ Day/Year)					
2. Conversion or Exercise Price of Deri-Valive Security					
1. Title of Derivative Security 2. Conver- 3. (Instr. 3) Exercise Price of (Price of Deri- Deri- Deri- Security					

Explanation of Responses: On February 5, 2007, Owen Consulting Inc., of which Mr. Owen is the principal, entered into an Asset Purchase Agreement whereby EncryptaKey acquired assets consisting of all right, title and interest in various technology licenses, software and equipment in exchange for 636, 120 shares of restricted common stock.



^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: Fite three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.